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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
08	OR		75453				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name	Registration Number	Nane			Registration Number	
any and all pati	or agent(s) to represent the under ant applications assigned <u>only</u> to	the undersigned accord					
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
X The address associated with Customer Number: 75453					er on other to		
OR	······	. Source	•••••	•••••			
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Assignee Name and Address: Zoran Corporation 1390 Kifer Road Sunnyvale, California 94086							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature			Date 7	6. 4	1,2008		
Name	Christopher Denten		Telephon	e (40	8) 523-6500		
Title	Vice President and G	Vice President and General Counsel, Zoran Corporation					